

Part A, Permit Process --- Internal Checklist

ID Number MOD000805499

Firm Name Ashley Plant
Union Electric

PHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Prm/g Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	✓		
3	Form 1 received?	✓		
1	Form 3 received?	✓		
1 & 3	Postmarked on or before November 19, 1980?	✓		
3	Date of operation entered?	✓		
3	Date of operation on or before November 19, 1980?	✓		
Notif. record	Notifier?	✓	✓	
"	Notified on or before August 18, 1980?	✓		
1	Form 1, XIII B signed?	✓		
3	Form 3, IX B Signed?	✓		

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: 2-27-81)

PHASE TWO

1	Unsure if regulated or non-regulated?		✓
3	New facility?		
1 & 3	Core items missing? If Yes, indicate which items: Facility name___; location___; mail address___; operator info___; certification___; process info___; waste info___; owner___; sigs___.		

PHASE THREE

1 & 3	Non-core items missing? If Yes, indicate which items: Maps___; photos___; drawings___; lat/long___. Other observations and comments:
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DATE SENT BACK 4/8 II

DATE RETURNED 4/23 II



R00136598
RCRA RECORDS CENTER

Received Date Stamp

NOV 21 1980

(Stamp forms also)

Key punch

Part A, Permit Process --- Internal Checklist

ID Number MOD000805499Firm Name Ashley Plant
Union ElectricPHASE ONEIndicate by
your initials:
Yes NoValid
Prmlg
Date?Refer to
Form No:Interim Regulatory Requirements

1	T/S/D Facility? (If No, return to respondent.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Form 1 received?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Form 3 received?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1 & 3	Postmarked on or before November 19, 1980?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Date of operation entered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Date of operation on or before November 19, 1980?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Notif. record	Notifier?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>97</u>
"	Notified on or before August 18, 1980?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1	Form 1, XIII B signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Form 3, IX B Signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: 2-27-81)

ich items:

ss___; operator info___;

info___; owner___; sigs___.

which items:

Other observations and comments:

DATE SENT BACK 4/8 ILDATE RETURNED 4/23 IL

Received Date Stamp

NOV 21 1980

(Stamp forms also)

KeyPunch



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
P. O. Box 15606
KANSAS CITY, MISSOURI - 64106

ACKNOWLEDGEMENT OF APPLICATION FOR A HAZARDOUS WASTE PERMIT

This is to acknowledge that the Environmental Protection Agency has received:
(1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown in the box below, and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

EPA I.D. NUMBER

° MOD000805499

FACILITY ADDRESS

° Union Electric
Ashley Plant
Ashley & Wharf Sts.
St. Louis, Mo. 63166

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F M O D 0 0 0 8 0 5 4 9 9	
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
II. FACILITY NAME				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

NAME OF FACILITY	
1 SKIP	ASHLEY PLANT

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	
2 SMITH JERREL MGR ENV SERV DEPT	
B. PHONE (area code & no.)	
3 1 4 6 2 1 3 2 2 2	

V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
3 P O BOX 149	
B. CITY OR TOWN	
4 ST LOUIS	
C. STATE	D. ZIP CODE
MO	6 3 1 6 6

VI. FACILITY LOCATION		
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		
5 ASHLEY & WHARF STS.		
B. COUNTY NAME		
C. CITY OR TOWN		
6 ST LOUIS		
D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
MO	6 3 1 6 6	5 1 0

VII. SIC CODES (4-digit, in order of priority)

A. FIRST

7 4 9 6 1 (specify)
Steam Heat Generation

B. SECOND

7 4 9 1 1 (specify)
Electric Power Generation

C. THIRD

(specify)

D. FOURTH

(specify)

VIII. OPERATOR INFORMATION

A. NAME

8 UNION ELECTRIC COMPANY

B. Is the name listed in Item VIII-A also the owner?

☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F - FEDERAL
S - STATE
P - PRIVATEM - PUBLIC (other than federal or state)
O - OTHER (specify)

P (specify)

D. PHONE (area code & no.)

3 1 4 6 2 1 3 2 2 2

E. STREET OR P.O. BOX

P O BOX 149

F. CITY OR TOWN

8 ST LOUIS

G. STATE

M O 6 3 1 6 6

H. ZIP CODE

IX. INDIAN LAND

Is the facility located on Indian lands?

☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

9 N M O - 0 0 0 0 3 4 5

D. PSD (Air Emissions from Proposed Sources)

9 P

B. UIC (Underground Injection of Fluids)

9 U

E. OTHER (specify)

(specify)

C. RCRA (Hazardous Wastes)

9

E. OTHER (specify)

(specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

NATURE OF BUSINESS (provide a brief description)

Ashley Plant is a No. 6 residual fuel oil fired power plant with both steam heat and electric generating capabilities.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)

E J. Telthorst
Vice President Power Operations

B. SIGNATURE

Edgar J. Telthorst

C. DATE SIGNED

11/17/80

COMMENTS FOR OFFICIAL USE ONLY

C

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (*including its design capacity*) in the space provided on the form (*Item III-C*).

1. **AMOUNT** — Enter the amount.
2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS		T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

[illegible]

III. PROCESSES (continued)

G. SPACE FOR ADDITIONAL PROCESS CODES OR DESCRIBING OTHER PROCESSES (code "T") FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
 POUNDS..... P
 TONS..... T

METRIC UNIT OF MEASURE **CODE**
 KILOGRAMS..... K
 METRIC TONS..... M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY													
<div style="display: flex; justify-content: space-between;"> W T/A C </div>													<div style="display: flex; justify-content: space-between;"> W T/A C </div>													
<div style="display: flex; justify-content: space-between;"> 1 2 13 14 15 </div>													<div style="display: flex; justify-content: space-between;"> 1 2 13 14 15 </div>													
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																										
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																			
	23	24	25	26			1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))											
1	F	0	0	1	937,500.	P	S	0	2																	(see description pg. 4 of 5)
2	F	0	0	2																						"include with above"
3	F	0	0	3																						" "
4	F	0	0	5																						" "
5	D	0	0	1	(see description)	P	S	0	2																	(see description pg. 4 of 5)
6	D	0	0	5	" "	P	S	0	2																	" "
7	D	0	0	7	" "	P	S	0	2																	" "
8	D	0	0	8	" "	P	S	0	2																	" "
9	D	0	1	1	" "	P	S	0	2																	" "
10																										
11																										
12																										
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22																										
23																										
24																										
25																										
26																										

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)
E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

used oils generated at the Company's garage facilities (which qualify as small generators) may possibly fail the EP Toxicity Test on D005, D007, D008 or D011. Although these used oils are added to other used oils generated within the Company we do not foresee the total to fail the EP Toxicity Test. Likewise certain spent solvents may also fail the Ignitability Test. However, we do not foresee the used oil volume to which they are incorporated to fail the Ignitability Criteria since their volumes are insignificant compared to the volume of used oil to which they are added.

V. FACILITY DRAWING

VI. PHOTOGRAPHS

VII. FACILITY GEOGRAPHIC LOCATION

VIII. FACILITY OWNER

- B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:**

IX. OWNER CERTIFICATION

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

11/17/80

X. OPERATOR CERTIFICATION

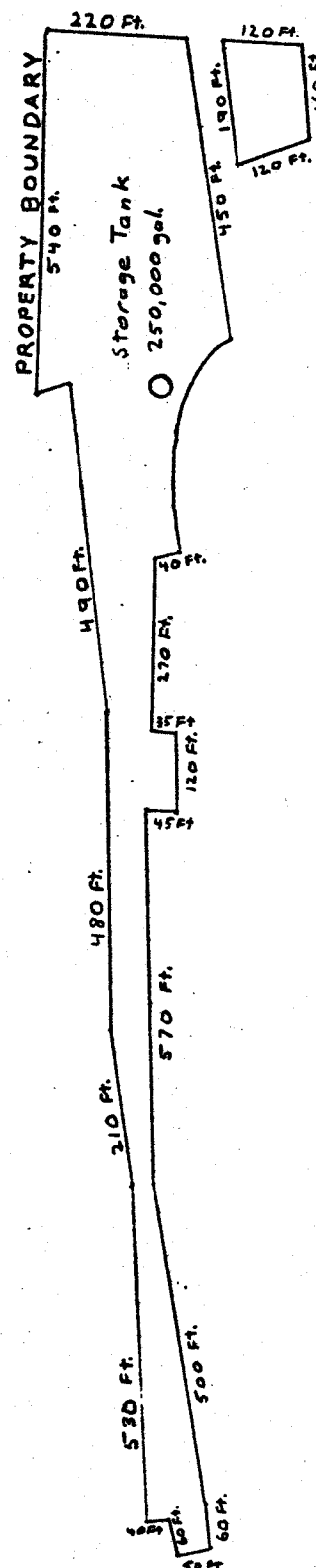
A. NAME (print or type)

B. SIGNATURE

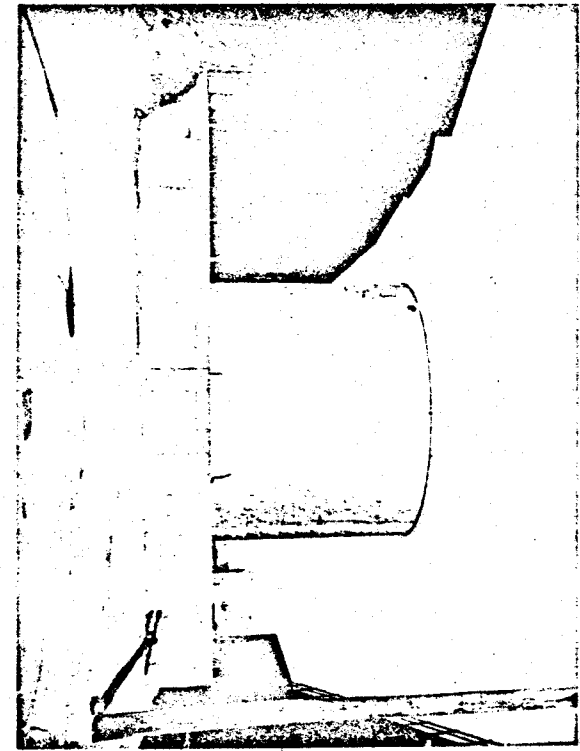
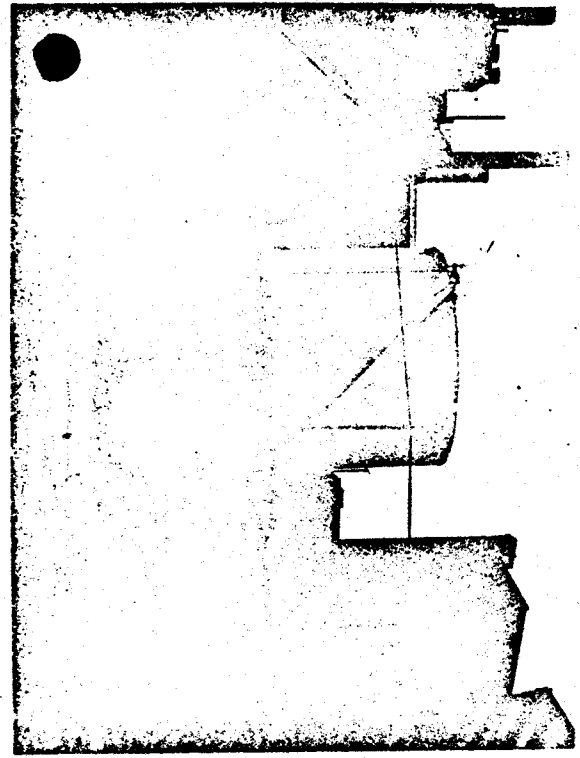
C. DATE SIGNED

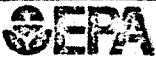
V. FACILITY DRAWING (see page 4)

Ashley Plant



Scale 1 Inch = 300 Feet



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1	F 0 0 2	F 0 0 3	F 0 0 5		
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

	13		14		15		16		17		18
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26
	19		20		21		22		23		24
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26
	25		26		27		28		29		30
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

[illegible]

☒ 1. IGNITABLE
(DOES)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

SIGNATURE
Terrel D. Smith

NAME & OFFICIAL TITLE (type or print)

Jerrel D. Smith
Manager - Environmental Services

DATE SIGNED

8/15/80